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FORMAL AMENDMENT

Fax to:

Examiner K. Hastings
U.S. Patent and Trademark Office
Group Art Unit 1731

At Fax Number:

703-872-9310
(TC 1700)

From:

Patrick J. G. Stiennon

Date:

January 31, 2003

Time:

3:15

Our Reference:

FORSAL-18

This transmission has ⁴⁸~~18~~ pages (including this sheet)

There follows in Application No. 09/932,214.

- PTO/SB/21 Transmittal letter (1 p)
- PTO/SB/17 Fee Form (1 p) *authorization to charge one month extension of time (\$110), two additional claims (\$36), and one independent claim (\$84) (total of \$230)*
- PTO/SB/22 Petition for Extension of Time (1 p)
- PTO/SB/06 Amendment Fee Form (1 p)
- Amendment (7 pp)
- Version with Markings to Show Changes Made (2 pp)
- Four exhibit patents (34 pp)

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PTO/SB/21 (12-97)

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TRANSMITTAL FORM (To be used for all correspondence after initial filing)		Application Number	09/932,214
		Filing Date	August 17, 2001
		First Named Inventor	Jyrki Savela
		Group Art Unit	1731
		Examiner Name	K. Hastings
Total Number of Pages in This Submission		Attorney Docket Number	FORSAL-18
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (For an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	
		<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> • Version with Markings to Show Changes Made • PTO/SB/06 </div>	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name		Patrick J. G. Stiennon, Reg. No. 34934	
Signature		<i>Patrick J. G. Stiennon</i>	
Date		January 31, 2003	
CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to United States Patent and Trademark Office on this date:			
Typed or printed name		Patrick J. G. Stiennon, Reg. No. 34934	
Signature		<i>Patrick J. G. Stiennon</i>	
Date		January 31, 2003	

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PTO/SB/06 (11-90)

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number FORSAL-18 App. No.: 09/932,214				
CLAIMS AS FILED - PART I										
(Column 1)		(Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA				RATE	FEE		RATE	FEE
BASIC FEE								OR		
Total Claims		21 minus 20 = 1				x \$ 9 =		OR	x \$18 =	
Independent Claims		4 minus 3 = 1				x 42 =		OR	x 84 =	
MULTIPLE DEPENDENT CLAIM PRESENT						+130 =		OR	+260 =	
*If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
	Total	23	Minus	21	2	x \$9.00 =		OR	x \$18.00 = \$36.00	
	Independent	5	Minus	4	1	x \$42.00 =		OR	x \$84.00 = \$78.00	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ =		OR	+ =
Total Addit. Fee								OR	Total Addit. Fee \$114.00	
AMENDMENT B		Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
	Total	0	Minus	**	0	x \$ =		OR	x \$ =	
	Independent	0	Minus	***	0	x =		OR	x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ =		OR	+ =
Total Addit. Fee								OR	Total Addit. Fee	
AMENDMENT C		Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
	Total	0	Minus	**	0	x \$ =		OR	x \$ =	
	Independent	0	Minus	***	0	x =		OR	x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						x =		OR	+ =
Total Addit. Fee								OR	Total Addit. Fee	
<p>*If the entry in column 1 is less than the entry in column 2, write "0" in column 3</p> <p>**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</p> <p>***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>										

PTO/SB/06 (11-90)

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